		ν. -
PLACE OF BIRTH	ARIZONA STATE	BOARD OF HEALTH
ounty of Make	BUREAU OF VITAL STATIST	rics State Index No.
rict of	ORIGINAL CERTIFICATE OF E	-507
n of Many		Local Registrar No
or		
y of	No.	give its NAME instead of street and number)
Full name of child	da Mendoga	If child is not yet named, make supplemental report, as directed
Sex of To be answered 4. Fw	in, triplet or other 6. Legitimate? Mate?	7. Date of Dec.   at (Month, day, year)
FATHER	14.   Full	MOTHER
u .	maiden	0 0
me la ass Mende	name (Pal	la Mamerez
Residence (Usual place of abode)	15. Residence (Usual pla if nonreside	ice of abode) Miami, angle
If nonresident, give place and State	16. Color or	
Color or	race MA	17. Age at last birthday 22 (Years)
11. Age at last bi	abecces 18. Birthplace (	(city or place) Wilcox
Birthplace (city or place)	(State or	
(State or country)	19. Occupation	1 1 0.00
Occupation  Nature of Industry  Mul	Nature of Ir	ndustry Housewall
Number of children of this mother	(a) Born alive and now living	Born alive but now dead(c) Stillborn
certified and including una child.		
CERTIFICATE nereby certify that I attended the bi	OF ATTENDING PHYSICIA	-/ Bank all borrer are proportion to the control of
		tillborn M LO.
When there was no attending physician midwife, then the father, householder :., should make this return. A stillborn ild is one that neither breathes no yws other evidence of life after birth	74.	(Physician or midwife)
n name added from	-11/30/22	19 D. W. Handle by F. E. Just
pplemental report(Honth, day, y		Be Mind
Registrar,	31-1201-165	County (togistis)

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